

Friends of the Arts, Inc. Grant Application Form

For Projects Occurring Between July 1, 2010 and June 30, 2011

Deadline for applications: Friday, April 30, 2010 by 4:30 pm.

APPLICANT NAME		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	COUNTY	
GRANT WRITER'S NAME		
E-MAIL		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	COUNTY	
PROJECT DATES		

CHARACTERISTICS

The information in the following section is being used only to gather information about the applying artists, organizations and communities for a national arts information exchange program. Circle the categories below that most nearly describes you or your organization. Circle more than one category if necessary.

N American Indian/Alaskan Native
A Asian/Pacific Islander
W White, not Hispanic
B Black, not Hispanic
H Hispanic

C Children
S Senior Citizens
Q Blind/Visually Impaired
D Deaf/Hearing Impaired
P Physically Disabled
E Mentally Impaired

PROPOSAL NARRATIVE

Describe the project or program and describe how ***Friends of the Arts, Inc.*** grant funds will specifically be used for this effort. Please estimate the number of persons that will be served by the project and describe who you think they will be in general terms.

Describe how this activity will benefit you, your organization and/or your community.

Describe the way that you will promote the activity. In the space below, provide a specific timeline on the project and list responsibility assignments. (Use separate sheets if necessary.)

FINANCIAL INFORMATION (*sample expense detail*-please change category listings to accommodate your organization's financial information)

PROJECT EXPENSES (List all expenses related to project)	Cash	In-Kind	Total
	\$	\$	\$
<i>Staff/Personnel-Salaries</i>			
<i>Outside Artistic Fees & Services</i>			
<i>Rental</i>			
<i>Travel/Transportation</i>			
<i>Postage</i>			
<i>Marketing/Promotion</i>			
<i>Office Supplies</i>			
<i>Insurances</i>			
<i>Utilities</i>			
<i>Capital Expenditures</i>			
<i>Other</i>			
Total Cash Expenses			
Total In-Kind Goods/Services			
TOTAL PROJECT EXPENSES (must equal project income amount)			
PROJECT INCOME (List all sources of income)			
<i>Admissions/Tickets</i>			
<i>Contributions</i>			
<i>Services & Concessions</i>			
<i>Other Grants</i>			
Grant Request Amount from FOA			
Total Cash Income			
Total In-Kind Income			
TOTAL PROJECT INCOME (must equal project expense amount)			

Total Project Expenses must equal Total Project Income.
If your organization has a detailed explanation of your budget, please attach a copy.

ASSURANCE STATEMENT

The assurance statement is required to be read and agreed to by the Authorizing Official of your organization or the sponsor. The Authorizing Official is the person who can sign a contract for the organization. This person is the one who is responsible for the financial side of the grant application. If you are using a sponsor to apply for this grant, list the name, address, telephone number and county of the sponsoring organization. A sponsor is an organization that is not-for-profit, tax-exempt and is willing to handle the financial aspects of the proposed activity for the organization or individual that does not have not-for-profit and tax-exempt status.

ASSURANCES

The undersigned certifies that he (1) is principle officer of the applicant with authority to sign contracts and (2) had read the grant guidelines of Friends of the Arts, Inc. and complies with all those guidelines, including Federal and state statues prohibiting discrimination against any person on the basis of race, color, national origin, sex, age, religion, physical or mental disability.

Signature, Authorizing Official Title Date

Authorizing Official (please print name)

Fiscal Sponsor

Name of Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ County _____

State of Indiana SS: _____ County of _____

Before me the undersigned, a Notary Public in and for _____ County, State of Indiana, personally appeared _____ and acknowledged the execution of the foregoing instrument this _____ day of _____, 20____.

My Commission expires: _____

(Signed) Notary Public